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TO:

Registration Section

Division of Corpo	orations			
SUBJECT: JB	R PROPE!	RTIES, L.L.C Liability Company)	- ·	
The enclosed Articles of C	Organization and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
JOY	CE RAY			_ _
	(Na	nme of Person)		
		rm/Company)	,	
1851	4 U.S. HW	4. 19 - NORT	H STE. A	<u> </u>
		(Address)		_
CLI	ZARWATER	, FL. 33	7642 3	
	(City/S	tate and Zip Code)	CRE	
F 6 4		.11.	TAR	-
For further information co	oncerning this matter, please ca		333 0 H	111
JAMES	KAY	et (727) 535 - (Area Code & Daytime Te	-300000	
(Name o	f Person)	(Area Code & Daytime Te	- 3000 S Number)
Enclosed is a check for	the following amount:		~	
		☐ \$155.00 Filing Fee &	\$160.00 Filing Fe	
□ \$125.00 Filing Fee	(\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status of Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	imited Liability	Company is:	
		PERTIES L	
(Must end with the word	s "Limited Liability	Company, "Limited Company" or th	heir abbreviation "LLC," or "L.C.,")
ARTICLE II - Ac The mailing addre		dress of the principal office	of the Limited Liability Company is
Principal Office A		Mailing Ad	
18514 U.	S. HWY.	19-N STE-A'	SAME SAME
CLEARW	ATER FL	<u>. 33</u> 764	SAME
The name and the	Florida street ad	ddress of the registered ager	STE. A SOT acceptable) 33764
		Name	ZOO SE TALI
	18514 L	1.5 . HWY. 19-N	STE. A NOT acceptable) 33764
	F	Florida street address (P.O. Box]	NOT acceptable)
	CLEA	RWATER FL 3	33764 P D
,			
		City, State, and Zip	F STAFLOR

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Mana The name and address of each Manage		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR_	JOYCE RAY 18514 U.S. HWY. 19-N S CLEARWATER, FL. 3376	TE-A'
		_ _ _
<u></u>	SECRETAR ALLAHAS?	10 Jul - 5
(Use attachment if necessary)	EE. FLORID	P 2: 00
RTICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: July 1, 2006. (OPT) e specific and cannot be more than five busines	IONAL) ss days pric
REQUIRED SIGNATURE:	JCU # WITTER TO THE PROPERTY OF A MEMBER.	· .
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution states an affirmation under the penalties of perjury	
Jo	Ped or printed name of signee	λ

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)